



# Interfaith Food Bank Emergency Food Application

PLEASE PRINT CLEARLY

For office use only:

Client # \_\_\_\_\_

Today's Date \_\_\_\_\_

Volunteer name \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Verified Yes\_\_No\_\_

Home address (**physical**): \_\_\_\_\_ E-mail address \_\_\_\_\_ Nationality/Race \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Verified Yes\_\_No\_\_

Phone/Message number: \_\_\_\_\_ Language spoken in home? \_\_\_\_\_

Please list names and birthdates of all individuals at this address.

Name (first and last)	Gender	Birthdate	Verified
			Yes__No__
			Yes__No__
			Yes__No__
			Yes__No__
			Yes__No__
			Yes__No__
			Yes__No__
			Yes__No__

### Interfaith Maximum Income Eligibility

	Total Monthly Income	Max. Yearly Income	Number in Household	Number in Household	Max. Yearly Income
1	\$2,445.96	\$29,351.50	7	\$7,639.46	\$91,673.50
2	\$3,311.54	\$39,738.54	8	\$8,505.04	\$102,060.50
3	\$4,177.13	\$50,125.50	9	\$9,370.63	\$112,447.50
4	\$5,024.71	\$60,512.50	10	\$10,263.21	\$122,834.50
5	\$5,908.29	\$70,899.50	Over 10	Add \$865.58 each	Add \$10,387 each
6	\$6,773.88	\$81,286.50			

### EFAP Maximum Income Eligibility Table

	Total Monthly Income	Max. Yearly Income	Number in Household	Total Monthly Income	Max. Yearly Income
1	\$2,445.96	\$29,351.50	7	\$7,639.46	\$91,673.50
2	\$3,311.54	\$39,738.50	8	\$8,505.04	\$102,060.50
3	\$4,177.13	\$50,125.50	9	\$9,370.63	\$112,447.50
4	\$5,024.71	\$60,512.50	10	\$10,263.21	\$122,834.50
5	\$5,908.29	\$70,899.50	Over 10	Add \$865.58 each	Add \$10,387 each
6	\$6,773.88	\$81,286.50			

I certify that the total income at this address is approximately \$ \_\_\_\_\_ per month for the number of adults (\_\_\_\_) and number of children (\_\_\_\_) living at this address.

Signature \_\_\_\_\_ Date \_\_\_\_\_

All information given is optional, confidential, and used only for statistical reporting.